

ARTICLE 10. HIV-RELATED TESTING AND NOTIFICATION

R9-6-1001. Definitions

In this Article, unless otherwise specified:

1. “Governing board” means a group of individuals, elected as specified in A.R.S. Title 15, Chapter 4, Article 2, to carry out the duties and functions specified in A.R.S. Title 15, Chapter 3, Article 3.
- ~~2.~~ “~~Informed consent~~” means ~~permission to conduct an HIV-related test obtained from a subject who has capacity to consent or an individual authorized by law to consent for a subject without capacity to consent after an explanation that complies with A.R.S. § 36-663(B).~~
2. “Informed consent information” means the same as in A.R.S. § 36-663.
- ~~3.~~ “~~Physician~~” means ~~an individual licensed as a doctor of:~~
 - ~~a. Allopathic medicine under A.R.S. Title 32, Chapter 13;~~
 - ~~b. Osteopathic medicine under A.R.S. Title 32, Chapter 17; or~~
 - ~~c. Homeopathic medicine under A.R.S. Title 32, Chapter 29.~~
- ~~4.~~3. “School district” means the same as in A.R.S. § 15-101.
- ~~5.~~4. “Superintendent of a school district” means an individual appointed by the governing board of a school district to oversee the operation of schools within the school district.
- ~~6.~~ “~~Works~~” means ~~materials, such as cotton balls or a spoon, required when preparing or using a drug that requires injection.~~

R9-6-1003. Consent for HIV-related Testing

~~A.~~ An individual ordering an HIV-related test shall:

- ~~1.~~ Obtain written informed consent for the HIV-related test as specified in subsection (B):
 - ~~a. If the HIV-related test is ordered in a hospital; or~~
 - ~~b. If the HIV-related test is ordered by a health care provider not listed in subsection (A)(2)(b);~~
- ~~2.~~ Obtain either written informed consent as specified in subsection (B) or oral informed consent if the HIV-related test is:
 - ~~a. Not ordered in a hospital; and~~
 - ~~b. Ordered by a physician, registered nurse practitioner, or physician assistant;~~
- ~~3.~~ Obtain oral consent and make a record that contains only the information about the subject authorized in A.R.S. § 36-663(A) if the HIV-related test is performed through anonymous HIV-related testing as specified in R9-6-1004; and
- ~~4.~~ Not request consent from the subject if the HIV-related test:

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- a. ~~Was ordered by a court under A.R.S. §§ 8-341, 13-1210, 13-1415, or 32-3207; or~~
- b. ~~Falls under A.R.S. § 36-663(D).~~

B. ~~When an individual obtains written informed consent from a subject for an HIV-related test, the individual shall:~~

- 1. ~~If the HIV-related test is performed as part of an application for insurance, use the form prescribed by A.R.S. § 20-448.01; and~~
- 2. ~~If the HIV-related test is performed for any other purpose:~~
 - a. ~~Use the form shown in Exhibit A or an equivalent of the form translated into a language understood by the subject;~~
 - b. ~~Complete the information on the form specified in subsection (B)(2)(a), and~~
 - c. ~~Obtain the dated signature of the subject.~~

A. A health care provider shall ensure that a subject receives oral or written informed consent information before the health care provider orders an HIV-related test for the subject, unless the HIV-related test:

- 1. Is being performed as part of an application for insurance under A.R.S. § 20-448.01;
- 2. Was ordered by a court under A.R.S. §§ 8-341, 13-1210, 13-1415, or 32-3207; or
- 3. Falls under A.R.S. § 36-663(B).

B. The informed consent information required in subsection (A) shall include:

- 1. A description of:
 - a. What causes HIV-infection and AIDS,
 - b. How HIV is transmitted, and
 - c. What are risk factors for acquiring HIV-infection;
- 2. An explanation of what a positive result on an HIV-related test means;
- 3. A statement that the subject may ask questions about HIV or the HIV-related test; and
- 4. A statement that the subject may decline the HIV-related test.

**EXHIBIT A. ~~HIV-RELATED TEST INFORMATION AND~~
CONSENT FORM Repeal**

Information on HIV

The Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immunodeficiency Syndrome (AIDS). HIV is spread through the exchange of blood (including transfusion) or sexual fluids (semen and vaginal secretions) and through breast milk. HIV can be transmitted from mother to baby during pregnancy or childbirth. The immune system is the body's defense system, which fights off infection and other diseases. HIV attacks and destroys the disease-fighting cells of the immune system, leaving the body with a weakened defense against infections and cancer. If you have HIV in your body and do not receive treatment, HIV will damage your immune system and HIV infection can progress to AIDS.

HIV-Related Testing

The purpose of the test you are requesting is to see if you are infected with HIV. The test may look for the HIV virus, parts of the HIV virus, or your body's reaction to the HIV virus.

The test being offered to you is a _____

(enter information about the type of HIV test being offered to the subject)

Meaning of a Positive Result

If you are given a screening test for HIV, you may receive a preliminary positive result, and will need an additional test to confirm whether you are infected with HIV. A positive test result on the confirmatory test means that you are infected with HIV, but not that you have AIDS.

Meaning of a Negative Result

A negative test result indicates that HIV, parts of the HIV virus, or your body's reaction to the HIV virus were not found in your body at the time of the test. In some cases, you may be infected with HIV and yet still test negative. You can have a negative test result either because you are not infected with HIV or because not enough time has passed since you were infected for the signs of an HIV infection to be found in your body. If you have had unprotected sex, used drugs that require an injection, or shared needles, syringes, or works within the past 1 to 3 months and your test result is negative, you should consider getting retested at a later time.

Test Accuracy

HIV-related testing occasionally produces both false positive and false negative results.

Treatment for HIV

If you test positive for HIV, early and regular medical care is important to your health. Medications are now available to help keep you healthy. Treatment can help you at all stages of HIV disease, but cannot cure your HIV infection. HIV treatment is most effective when tailored to your individual needs.

Ways to Reduce Risk for Contracting or Spreading HIV

Risk of infection or transmission of HIV can be reduced by avoiding or decreasing contact with blood and sexual fluids (semen and vaginal secretions). Some methods to decrease your risk of infection or transmission of HIV include not having sex, limiting contact with body fluids during sex (such as by properly using condoms), not using drugs that require an injection, and not sharing needles, syringes, or works. If you are pregnant, certain medicines can reduce your chances of transmitting HIV to your unborn child.

Subject Information

Subject ID Number: _____

Address: _____

Phone: _____

Race/ethnicity: _____

Date of birth: _____

Gender: _____

Notification and Disclosure of a Test Result

If you test positive for HIV, we will try to notify you of the result using the information you provide on this form. State law requires that a positive test result be reported to a public health agency and allows the Arizona Department of Health Services to contact and notify someone who is at risk of contracting HIV from you. Your test result may also be released to persons involved in providing or paying for your health care.

Otherwise, unless you consent to its release, information on your test result may only be released as permitted under state or federal law.

Additional Sources of Information on HIV

Additional information regarding HIV-related testing is available through the local health department and the National AIDS Hotline.
English: 1-800-342-AIDS (2437)
Spanish: 1-800-344-7432
TTY/TDD: 1-800-243-7012

Consent

My checkmarks and signature below indicate that:

- ☐ I have been given the opportunity to ask questions regarding the information on this form, have had my questions answered to my satisfaction, and understand this information;
- ☐ I understand that HIV-related testing can be performed anonymously through a public health agency;
- ☐ I understand that I may withdraw my consent in writing at any time before a specimen is taken to conduct a test;
- ☐ I understand that this is a voluntary test and that I have a right to refuse to be tested;
- ☐ I understand that if I do not provide correct and current information on this form about how I can be contacted, I may not receive my test results because someone will be unable to notify me; and
- ☐ I voluntarily consent to and request HIV-related testing.

Subject Name (Printed)

Subject or Legal Representative Signature

Date

Witness

Facility Name